

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

AMERICA'S AGENDA: HEALTH CARE FOR KIDS INC

(b) Address (number and street) ☐ check if different than previously reported

1919 PENNSYLVANIA AVE NW STE 500

(c) City, State and ZIP Code

WASHINGTON

DC

20006

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001150**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8**(b) Communication Title** Roll Call**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Mark Blum

(b) Address (number and street)

1919 Pennsylvania Ave., NW

(c) City, State and ZIP Code

Washington

DC

20006

(d) Name of Employer or Principal Place of Business

America's Agenda: Health Care for Kids

(e) Occupation

Secretary/Treasurer

9. Total Donations This Statement

64505.00

10. Total Disbursements/Obligations This Statement

64505.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Mark Blum

SIGNATURE Electronically Filed by Mark Blum

DATE 10/20/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transction ID : F91.000001	
	Mark Blum		
	(b) Address (number and street)		
	1919 Pennsylvania Ave., NW		
	(c) City, State and Zip Code		
	Washington	DC	20006
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	America's Agenda: Health Care for Kids	Secretary/Treasure	

Image# 28992853827
SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor

Pharmaceutical Research and Manufacturers of America (PhRMA)

Mailing Address of Donor

950 F Street, NW, Suite 300

City

State

Zip

Washington

DC

20004

Date of Receipt

M M
1 0

D D
2 0

Y Y Y Y
2 0 0 8

Amount

64505.00

Transaction ID : F92.000001

SUBTOTAL of Donations This Page (optional).....

64505.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

64505.00

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee Issue & Image, Inc. <hr/> Mailing Address of Payee 300 N Lee St., Suite 500 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Name of Employer</td> <td style="width: 50%;">Occupation</td> </tr> </table> <hr/> Purpose of Disbursement (including title(s) of communication(s)) Media Expenses & Airtime for				City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 1 0 / 2 0 / 2 0 0 8 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 64505.00 </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 1 0 / 2 0 / 2 0 0 8 </div> Transaction ID : F93.000001	
City	State	Zip Code											
Alexandria	VA	22314											
Name of Employer	Occupation												

Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI	District: 08	Disbursement/Obligation For: 2008
Steve Kagan					<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000002					
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY	District: 03	Disbursement/Obligation For: 2008
John Yarmouth					<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000003					
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL	District: 08	Disbursement/Obligation For: 2008
Melissa Bean					<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000004					

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 64505.00 </div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 64505.00 </div>